

Appl. No. 10/617,643
Amdt. Dated September 22, 2005
Reply to Office action dated June 22, 2005




I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Commissioner for Patents
P.O. Box 1450

Alexandria, VA 22313-1450 on 22 September 2005

Typed or printed name: Vivian D. Brandon

Signature: 

Appl. No. : 10/617,643
Applicant : Alok Mani Srivastava, et al.
Filed : July 11, 2003
Title : ULTRAVIOLET EMITTING SCINTILLATORS FOR OIL DETECTION
TC/A.U. : 2878
Examiner : Constantine Hannaher

Docket No. : 121368-1
Customer No. : 006147

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT UNDER 37 CFR 1.111

In response to the Office action mailed June 22, 2005, please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims, which begin on page 3 of this paper.

Remarks begin on page 6 of this paper.

09/27/2005 ZJUHA1 00000048 070868 10617643

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AMENDMENT TRANSMITTAL LETTER

ATTORNEY'S DOCKET NO.

121368-1

SERIAL NO.

10/617,643

FILING DATE

07/11/03

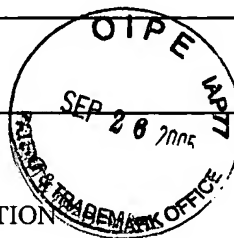
EXAMINER

C. HANNAHER

GROUP ART UNIT

2878

IN RE APPLICATION OF ALOK MANI SRIVASTAVA, ET AL
FOR ULTRAVIOLET EMITTING SCINTILLATORS FOR OIL DETECTION



TO THE ASSISTANT COMMISSIONER FOR PATENTS :

Transmitted herewith is an amendment in the above-identified application. The fee has been calculated as shown below.

CLAIMS AS AMENDED

(1)	(2) CLAIMS REMAINING AFTER AMENDMENT	(3)	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR	(5) NO. OF EXTRA CLAIMS PRESENT	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	* 20	MINUS	** 20 =	0	X \$ 50.00	\$0.00
INDEP. CLAIMS	* 4	MINUS	*** 3 =	1	X \$200.00	\$200.00
ADDITIONAL FEE FOR USE OF MULTIPLE DEPENDENT CLAIM(S), IF NOT PAID PREVIOUSLY (once per application)					X \$360.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$200.00

* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE in less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☒ Please charge \$200.00 to my Deposit Account No. 07-0868.

☒ The Assistant Commissioner is hereby authorized to charge all required fees under 37 C.F.R. 1.16 or 1.17 or credit any overpayment to Deposit Account No. 07-0868.

Three copies of this sheet are enclosed.

9/22/05

date

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